Media and PHM - Traditional and Social Media Skills and Strategies

Elizabeth Meade, MD, FAAP - @EMeadeMD
Chief of Pediatrics, Swedish Medical Center, Seattle WA

No Disclosures except...
Media and PHM

Media is a flood – dilute the bad info out there with truth. You are an expert!

Media and Physicians

Pediatricians, by our very nature, are influencers. We educate, shape behavior, and inspire. #AAP16 #AAPlends @DRichardBesser

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VIEW TWEET ACTIVITY

23 RETWEETS 49 LIKES
Meet patients/families where they are

• Traditional media
  – 57% often get news from TV
  – 5 hours TV/day

• Social Media
  – 75% of adults
    • Facebook... 2 billion users, 1.3 billion daily
  – 43% use to get health info
  – >80% of youth 18-24 would share health info on SM... 90% would trust it
  – 24% of doctors use at least 1x/day to post or seek medical info

Patients and families turn to the internet for advice...

"First thing I did — Google. I put in 'autism' and I started my research... The University of Google is where I got my degree from."

So, shouldn’t we be there too?
NUMBER OF U.S. ADULT USERS PER MONTH

AM/FM Radio: 240M
Live+DVR/Time-shifted TV: 226M
App/Web on a Smartphone: 191M
Internet on a PC: 162M
Time-shifted TV (DVR): 158M
Tablet: 106M
DVD/Blu-Ray: 93M
Game Console: 61M
Multimedia Device: 60M

Source: Nielsen Total Audience Report, Q1 2016

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Among the users of each social media site, the % who use that site with the following frequencies:

- **Facebook**
  - Daily: 78%
  - Weekly: 15%
  - Less often: 7%

- **Instagram**
  - Daily: 51%
  - Weekly: 26%
  - Less often: 22%

- **Twitter**
  - Daily: 42%
  - Weekly: 24%
  - Less often: 33%

- **Pinterest**
  - Daily: 25%
  - Weekly: 31%
  - Less often: 43%

- **LinkedIn**
  - Daily: 18%
  - Weekly: 31%
  - Less often: 51%
• What media is good for:
  – Spreading truthful info
  – Making connections
  – Sharing resources
  – Reaching a community
  – Networking
  – Collaborating/tracking
  – Visibility for yourself/your institution
  – Cultivating your “digital footprint”

• What it isn’t:
  – Instantly changing entrenched viewpoints
  – “Selling” yourself
  – Offering medical advice
  – Sharing patient info
  – Arguing
  – Contradicting your institution or their media policies
  – “Going rogue”

Strategic Messaging

• What do you have to say?
  – Original content vs dissemination/curation
• Why are you the best person to convey it?
• Who is your audience?/Who do you want to communicate with?
• How much time do you have for it?
• Will you want to check in every day, or schedule posts far ahead of time?
Advocacy in Action

• BCRA looming...
• June 15, 2017 & June 22, 2017
• Organized by national AAP
• Videos, tweets, blogs, op-eds, LTEs...
>50 video testimonials

#DontCapMyCare:
- 8,545 posts
- By 3,117 individuals
- Reached 4,942,061 people

#KeepKidsCovered
- 12,169 posts
- By 4,765 individuals
- Reached 11,340,314

TRADITIONAL MEDIA
TV/Radio—General Tips

• **CLARIFY**
  – Tone of interview – any specific interests/angles?
  – Just you or other guests/panel? Live or taped?
  – Expected length of segment

• **PREPARE**
  – Who is the audience?
  – Especially if touchy topic – ask for ?s ahead of time
    • Offer your own talking points or questions too!
    • 3 kinds: the ones you want to answer, “killer”, and Google
  – Anticipate possible antagonistic points of view
  – Craft sound bites (15-30 sec) for (3) key points and “call to action” if applicable
TV/Radio – General Tips

• Arrive early
• Ask for questions/script if needed
• Clarify whether mic is on immediately
• Meet the host prior to interview if possible (everything is on the record!)
• Water if you need it
• Watch previous segments on air

TV - Appearance

• CLOTHING
  – Green screen?
  – Avoid stripes/large patterns
  – Sitting or standing?
  – Easiest to have somewhere to clip mic if possible
• HAIR/MAKEUP
  – Hair neat, out of your face
  – More makeup than normal – men, matte powder on face
• Smile, relax, interact normally with host
During the Interview

• Look at the host, not the camera
• Speak the way you would to a patient
  — Engage, smile, conversational, no jargon
• If you don’t know – say that! Print - get back to them. TV - say you’ll follow up on social media or station’s website.
• If they’re not getting to something you think is important… bring it up!
• If a “killer” question arises, pause, take a deep breath, and respond positively and factually

https://www.youtube.com/watch?v=HkiZAVKosrU
PRINT MEDIA
This afternoon, the U.S. House of Representatives failed to pass the American Health Care Act. The Academy issued the press statement below, urging federal leaders to start over and consider health care reform proposals that will move children’s health care coverage forward, not backward.

Pediatricians, pediatric medical subspecialists and pediatric surgical specialists have been speaking out since this legislation was first introduced to oppose the bill’s dismantling of Medicaid and rollback of benefits for children and families. Today it is clear that your voices were heard and that you advocated for your patients.

Thank you to each of you who spoke up for the first time or for the 100th time. From countless calls and emails to your representatives to numerous op-eds and letters published in newspapers across the country, your advocacy to oppose the AHCA and its detrimental impact on children and families made a difference.

Here is a list of several pieces that were published by pediatricians in just the last few weeks: The Washington
Social Media – here to stay (and grow)

The Myths

• It’s only for young people and celebrities
• It’s too time-consuming
• It doesn’t make a measurable impact
• It’s too casual for your organization’s voice & too risky for the healthcare profession
• We don’t have enough content to share or enough resources to manage it

The Facts

• More educators and health care providers are using social media making them more accessible
• 92% of nonprofits use social media
• With the right platforms, you can manage time
• It engages diverse constituencies in various issues and topics
• It is an extension of existing content and easily managed alongside other communications

Myths & Facts of Social Media
Social Media & Healthcare

– Communication
– Sharing of information
– Collaboration on projects
– Promotion (self/institution)
– Education
– Networking
– Advocacy
– Patient care, Public Health

The Helene Campbell Effect

• IPF patient in Ottawa
• Started campaign #BeAnOrganDonor on Twitter to get Justin Bieber’s attention...
• Retweeted by the Biebs
• 2,000 people in Ottawa alone registered
• Later up to 8,000
Be first, be right, be credible

Which platform is right for me?

• Blogs: long form information sharing
• Twitter: short bursts, links to content
• Facebook: interactive multimedia
• Flickr/Instagram: photo-sharing
• YouTube: video
• LinkedIn: professional networking
• Pinterest: photos and infographics
• Snapchat: short, “self-destructing”
- 2 billion users; 6 new profiles per second
- Interactive, social – may be more likely to interact with patients/families than colleagues
- Easiest way to start getting name/face recognition in community
- Can curate posts to define your point of view
- Professional/”business” page vs personal
• >320 million active users (but don’t need to log in)
• Good for rapid, real-time dissemination
  – 78% of people who complain to a brand here expect response within an hour
• Put out valid, EBM content and dilute false information
• Good for news-gathering
• More likely to interact with colleagues
• Only 20 Fortune 500 companies interact with customers on Facebook, but 83% have a presence on Twitter

#PHM17

Instant Advocacy

• #MeaslesTruth Twitter Storm February 6, 2015
• 10 min “storm” on Twitter/Facebook to spread factual info and positive messages about vaccination
• Organized in 2.5 days along with AAP DoPA
• 1,063 tweets by 266 participants in 10 minutes → 5.7 million impressions
• #MeaslesTruth trended in the United States
• In surrounding 2 days, 1,433 contributors generated 4,570 tweets → 13 million impressions
• Short (flash mob), concentrated, #tweetiatrician solidarity
Elizabeth Meade, MD @EMeadeMD - 5d
"Baby trackers" - lots for sale, no data to support use. For healthy babies, home monitoring does not show benefit!

Elizabeth Meade, MD @EMeadeMD - 1/17/17
In prep for a TV segment on getting kids to eat veggies, your own lunch gets a little more fun... #adultingisboring @KING5Seattle

Elizabeth Meade, MD @EMeadeMD - 10/23/16
Magic glove technique for anesthesia - fascinating and doable for kids >3 yrs. Use w topical anesthetics. m.youtube.com/watch?v=cyApKB...

Elizabeth Meade, MD @EMeadeMD - 10/23/16
Half of vaccine hesitant parents avoid them due to pain - we can do better! OTC lidocaine cream before visit, distraction, positioning #AAP16

Elizabeth Meade, MD @EMeadeMD - 10/23/16
Guided imagery hugely versatile for patients w anxiety/trauma - easy to do. no...
101

- 140 characters
- + visual media, links to content
- “Tweet” – original post
- “Retweet” – sharing someone else’s post
- “Quote tweet” – your own 140 characters w/ link to their original tweet
- “Reply” – comment on a tweet
- “Thread” – series of related tweets/comments
- “Follow” – see that user’s tweets in your feed
- URL shorteners – bit.ly, ow.ly, Google

201 - Increasing Engagement

- Visual content, links
- Engage w/ others – reciprocity!
- # - 33% more likely to get RT... but 1 (2) best
- 80-110 characters ➔ “sweet spot” for RTs
- Ask for sharing!
- Pose questions
- Recycle content
201 – Functions

• Mute – keywords/phrases, you control time
• Abusive tweets – automatically hidden, you can choose to see
• Polls/GIFs/live video...
• “Moments” – collection of tweets
• @blahblah? - no longer!

• Original content – 56 million blog posts monthly on WordPress alone
• Requires more setup
• Place to express your point of view in a more complete, nuanced way
• Good for thorough discussion of heated/complicated issues (vaccines, etc)
• Fewer, longer posts – gives you a “snapshot” of the writer vs Facebook/Twitter
• Mostly photo-based, so less applicable for professional use
• Social vs media
• Limited ability for discussion

Professionalism in the Digital Age

Signs of the social networking times.
Professionalism Guidelines

• HIPAA (duh)
• Personal content – utilize privacy settings
  – And don’t contact patients here... duh again
• Consider separating personal/professional content entirely
• Know your institutional/departmental/hospital policies
• Google yourself!

“I don’t know which doctor to choose. One has more friends on Facebook, but the other one just retweeted my message.”
Unprofessional On-line Posts

Medical Students
- 60% of US medical schools reported incidents of students posting unprofessional content
  - Use of profanity
  - Depiction of intoxication
  - Sexually suggestive material
  - Violations of patient confidentiality

Medical Students and Residents
- Reviewed 1000 accounts
- Found 12 instances of patient violations
- 11: medical students
- 1: resident
- All involved medical missions

Residents and Faculty
- 31%: work related postings
- 14%: patient specific
- Several violated privacy or demonstrated unprofessional conduct
Questions to ask yourself

• How much information do I want people who I don’t know to know about me?

• Would I post this information on a roadside billboard or to the exterior of the door to my residence?

• Is the image I’m projecting by my materials and photos the one I want my current and future friends to know me by?

• What does my profile say to potential faculty members/advisors, future employers?

• Is my profile private?

Where to start?

• All is not better... and not recommended
• Who is your audience?
• What is your content/expertise?
• What are your strengths?
• Time commitment?
  – Do you want to pre-schedule or be spontaneous?
• PDSA that SM... reevaluate what works, what gets engagement, etc
• Digital detox!
• Have fun!
Credible sources to listen to:
Handles & Hashtags to follow

• Handles:
  – @AmerAcadPeds
  – @AAPNews
  – @HealthyChildren
  – @AcademicPeds
  – @statnews

• Hashtags:
  – #putkids1st
  – #tweetiatrician
  – #PHM17
  – #hcsms

Thank you!
Questions?